

**CHILD DEVELOPMENT SERVICES/YOUTH SERVICES
PREEMPLOYMENT BACKGROUND CHECK, STATEMENT OF UNDERSTANDING
(USAREUR Reg 608-20)**

Privacy Act Statement

- 1. Authority.** 10 U.S.C. 3013 and Executive Order 9397.
- 2. Purpose.** To give permission for agencies to provide necessary clearances by examination of records.
- 3. Routine Uses.** Signed consent forms will be used to screen patient medical records in order to complete clearance procedures.
- 4. Disclosures.** Giving your permission for information is voluntary; however, failure to provide information will result in denial of certification as a qualified child care provider.

Because of the nature of my potential employment with child development services (CDS) or youth services (YS), I understand the following checks will be done:

- ☐ National agency background check (DD Form 398 or 398-2).
- ☐ Medical assessment (DA Form 3437).
- ☐ Local military police records check.
- ☐ U.S. Army Criminal Investigation Division records check.
- ☐ Check of Defense Central Investigation Index.
- ☐ Civilian law enforcement records check.
- ☐ Patient administration division, medical treatment facility.
 - ☐ *Social work services
 - ☐ *Psychology
 - ☐ *Psychiatry

*If indicated by medical assessment

I, _____, understand that I must submit a completed DD Form 398-2, personal security questionnaire, and have my fingerprints made before my appointment date to initiate this investigation. Failure to accomplish this is cause for nonselection. I understand if any of the above checks contain adverse information, it may be grounds to deny employment.

Signature of applicant	SSN of applicant	SSN of security MGR	Date
Official Use Only	Date processed: S2	Initials	
	Date received by CPO	Initials	